

EXHIBIT 13-C NSP (Part A)
CERTIFICATION OF COMPLETION
FINAL STATUS OF FUNDS REPORT ¹

CHECK APPLICABLE STATUS: _____ Conditional Approval Request _____ Final Approval Request		Name and Address of Grantee _____ _____ _____		
MDOC CONTRACT # MT-NSP- _____ - _____				
Part A. STATEMENT OF COST				
Budget Line Item	Grant Amount Budgeted	Grant Expended to Date ¹	Balance Remaining	Program Income
Administration:				
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				
6. _____				
7. _____				
8. _____				
9. _____				
10. Total Administration Budget				
Activity Budget:				
11. _____				
12. _____				
13. _____				
14. _____				
15. _____				
16. Total Activity Budget				
17. Total Grant Budget				
			Program Income Summary Received to Date: _____ Expended: _____ Program Income Balance _____	

¹ **All** funds except those for the final closeout audit must have been drawn and expended.

EXHIBIT 13-C NSP (Part B)

(Instructions: Include a separate copy of PART B for each non-NSP funding source involved in the project.)

PART B. STATEMENT OF COSTS: _____ FUNDS

Budget Line Item	Final Amount Budgeted	Expended to Date	Balance Remaining
ADMINISTRATION			
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
TOTAL ADMINISTRATION BUDGET			
ACTIVITY BUDGET			
9.			
10.			
11.			
12.			
13.			
TOTAL ACTIVITY BUDGET			
TOTAL BUDGET			